



**DEPARTMENT OF STATE
SECRETARY OF STATE'S OFFICE
OUTREACH DIVISION**

ORGANIZATION EDUCATION INFORMATION SHEET

DATE OF EDUCATION PROGRAM: _____

EDUCATION PROGRAM TIME: _____

NAME OF ORGANIZATION: _____

LOCATION OF MEETING: _____

APPROXIMATE # OF ATTENDEES: _____

CONTACT PERSON: _____

OFFICE TELEPHONE #: _____

CELL PHONE #: _____

FAX #: _____

COMMENTS REGARDING ORGANIZATION EDUCATION PROGRAM:

SIGNATURE: _____

DATE: _____